


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Shawn Patterson</b>	COURT CASE NUMBER <b>07C6696</b>
DEFENDANT <b>Captain Cozolino, et al.</b>	TYPE OF PROCESS <b>S/C</b>
<b>SERVE</b>  <b>AT</b>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Doctor K. Sims, Cermak Hospital</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Cermak Hospital (Health Services) 2800 S. California Blvd., Chicago, IL 60607</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Shawn Patterson, R-66497**  
**R.R. 2, Box 31**  
**Sumner, IL 62466**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):**FILED**

**JAN 30 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**  
**JAN 30 2008**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**01-22-08****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>3 of 3</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>TD</b>	Date <b>01-22-08</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Jean Kirilovas Director CQI / RM**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <b>1-28-08</b>	Time <b>10:45</b> pm
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<b>One service fee charged same location &amp; case see process</b>						

REMARKS: **Sheet #1 for charges.**